2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23193

FILED Jul 06, 2007 Secretary of State

Entity Name: A WOMAN'S CHOICE, INC., A MEDICAL PROGRAM FOR WOMEN

	rincipal Place	of Business:	New Prince	cipal Place of Business:
234 E LIN AKELANI	ME ST D, FL 33801	US		
urrent M	lailing Addres	ss:	New Maili	ing Address:
234 E LIN AKELANI	ME ST D, FL 33801	US		
accordan		FEI Number Applied For() 3(2)(b), F.S., the corporation did Current Registered Agent:	- '	
405 BAR	D, JOHN E TOW ROAD D, FL 33802	US		
	named entity see of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or b
IGNATU	RE:			
	Electror	ic Signature of Registered A	gent	Date
FFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIREC
tle: ame: ldress: ty-St-Zip:	STD () O'HARROW, W 4430 VINSON F LAKELAND, FL	RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition THOMAS, JERI 2102 HOOF PRINT LANE LAKELAND, FL 33811
tle: ame: ldress: ty-St-Zip:	PD () ORTIZ, JOSE 1611 STEPHAN LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
ty-St-Zip.				
ty-St-Zip. tle: ame: ddress: ty-St-Zip:	D () HARRELL, LES 1812 COMANC LAKELAND, FL	HE TRL	Title: Name: Address: City-St-Zip:	STD (X) Change () Addition HARRELL, LES 1812 COMANCHE TRL LAKELAND, FL 33803
tle: ame: ldress:	HARRELL, LES 1812 COMANC LAKELAND, FL	HE TRL 33803 Delete E ARMS DRIVE	Name: Address: City-St-Zip: Title: Name: Address:	HARRELL, LES 1812 COMANCHE TRL
le: ime: dress: iy-St-Zip: le: ime: dress:	HARRELL, LES 1812 COMANC LAKELAND, FL MD () SMITH, DIANE 1135 COLONY LAKELAND, FL	HE TRL 33803 Delete E ARMS DRIVE 33813 Delete MY R ARK DR	Name: Address: City-St-Zip: Title: Name: Address:	HARRELL, LES 1812 COMANCHE TRL LAKELAND, FL 33803 ED (X) Change () Addition YURCHAK, KRISTA 1616 SIMS PLACE

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTA YURCHAK ED 07/06/2007